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09/06/2007

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(Depositor's name)		
(Signature)		
(Date)		

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/695.950	10/30/2003	Tae-Hyeun Ha	1293,1793	6265

TITLE OF INVENTION: SYNCHRONIZATION DETECTION APPARATUS AND METHOD BASED ON ORTHOGONAL FREQUENCY DIVISION MULTIPLEXING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	-\$1400 & 1,44,4	\$300	\$0 12/85/2897 eur	\$1700 INDAF2 C2222139 166	12/06/2007
EXAM	IINER	ART UNIT	CLASS-SUBCLASS			
MARCELO	MELVIN C	2616	370-203000	01 FC:1521 02 FC:1524	•	1440.60 DP 322.23 DP
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		or agents OR, alternative (2) the name of a single registered attorney or a	3 registered patent attorn	er a 2	HALSEY LLP	
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for						

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

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Aa. The following fee(s) are submitted: XIssue Fee XPublication Fee (No small entity discount permitted) Advance Order - # of Copies	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) X A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 9-3935 (enclose an extra copy of this form).
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Authorized Signature

Date Seember 5, 2007

Typed or printed name David J. Cutitta

Registration No. 52,790

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